

**Folder Side: Permanent**

**Name: HODOH, OFIA**

**Account Number:** (b) (6)



# Employee Express

## Health Benefits History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Effective Date: 01/06/2019					
Employee Name (Last, First, MI): HODOH OFIA B	SSN	Gender	DOB	Married	
	(b) (6)				
Home Mailing Address (b) (6)	Nature of Transaction: (b) (6)				
	New Enrollment Code: (b) (6)				
	New Plan Name: (b) (6)				
Name of Family Members	Zip	Date of Birth	Gender	Relationship	SSN
(b) (6)					
(b) (6)					
Present Plan Name	Enrollment Code	Event Code	Date of Event		
(b) (6)	(b) (6)				
Acceptance Date	CPDF Code	Personnel Office ID	Payroll Office Number		
11/26/2018 14:25:53	EP00	00RT3318	68140108		



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/06/2019								
FIRST ACTION					SECOND ACTION											
5-A. Code 894		5-B. Nature of Action GEN ADJ			6-A. Code		6-B. Nature of Action									
5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority									
5-E. Code ZLM		5-F. Legal Authority E.O. 13866 DATED 03/28/19			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113											
8. Pay Plan GS		9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 10	12. Total Salary 119121		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 10	20. Total Salary/Award 121264		21. Pay Basis PA
12A. Basic Pay 98317		12B. Locality Adj. 20804		12C. Adj. Basic Pay 119121		12D. Other Pay 0		20A. Basic Pay 99691		20B. Locality Adj. 21573		20C. Adj. Basic Pay 121264		20D. Other Pay 0		
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) ~ None 3 - 10-Point/Disability 5 - 10-Point/Other ~ 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA												
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1.4 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTALRATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 190560646 / ELECTRONICALLY SIGNED BY:  WESLEY CARPENTER DEP AA A&RM OMS											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 04/04/2019												



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 04/29/2018								
FIRST ACTION					SECOND ACTION											
5-A. Code 893		5-B. Nature of Action REG WRI			6-A. Code		6-B. Nature of Action									
5-C. Code Q7M		5-D. Legal Authority REG 531.404			6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113											
8. Pay Plan GS		9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 116066		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 10	20. Total Salary/Award 119121		21. Pay Basis PA
12A. Basic Pay 95796		12B. Locality Adj. 20270		12C. Adj. Basic Pay 116066		12D. Other Pay 0		20A. Basic Pay 98317		20B. Locality Adj. 20804		20C. Adj. Basic Pay 119121		20D. Other Pay 0		
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6)					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA												
40. Agency Data FUNC CLS 91		41. VET STA (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 180820499 / ELECTRONICALLY SIGNED BY: JEREMY A. TAYLOR HUMAN RESOURCES OFFICER											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 04/29/2018												





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/07/2018								
FIRST ACTION					SECOND ACTION											
5-A. Code 894		5-B. Nature of Action GEN ADJ			6-A. Code		6-B. Nature of Action									
5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority									
5-E. Code ZLM		5-F. Legal Authority E.O. 13819 DATED 12/22/17			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113											
8. Pay Plan GS		9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 114028		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 116066		21. Pay Basis PA
12A. Basic Pay 94472		12B. Locality Adj. 19556		12C. Adj. Basic Pay 114028		12D. Other Pay 0		20A. Basic Pay 95796		20B. Locality Adj. 20270		20C. Adj. Basic Pay 116066		20D. Other Pay 0		
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)					
27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE			29. Pay Rate Determinant 0							
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period							
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 1050							
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA												
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1.4 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTAL RATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 180106086 / ELECTRONICALLY SIGNED BY:  AUTHORIZING OFFICIAL											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/07/2018												





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 10/01/2017			
FIRST ACTION				SECOND ACTION							
5-A. Code 881		5-B. Nature of Action CHANGE IN FEGLI				6-A. Code		6-B. Nature of Action			
5-C. Code DPM		5-D. Legal Authority 5 U.S.C. CHAPTER 87				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113				15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113							
8. Pay Plan GS	9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 114028	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 114028	21. Pay Basis PA
12A. Basic Pay 94472		12B. Locality Adj. 19556		12C. Adj. Basic Pay 114028		12D. Other Pay 0		20A. Basic Pay 94472		20B. Locality Adj. 19556	
		20C. Adj. Basic Pay 114028		20D. Other Pay 0							
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA						22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					
EMPLOYEE DATA											
23. Veterans Preference (b) (6)						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE		29. Pay Rate Determinant 0			
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status 1050			
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA							
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI			
45. Remarks EMPLOYEE UPDATED FIELD FROM EMPLOYEE EXPRESS SYSTEM 2016 FEGLI OPEN SEASON ELECTION											
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 161805386 / ELECTRONICALLY SIGNED BY:					
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 10/01/2017		JEREMY A. TAYLOR HUMAN RESOURCES OFFICER					



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.					2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/08/2017						
FIRST ACTION					SECOND ACTION										
5-A. Code 894		5-B. Nature of Action GEN ADJ			6-A. Code		6-B. Nature of Action								
5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority								
5-E. Code ZLM		5-F. Legal Authority E.O. 13756 DATED 12/27/16			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113										
8. Pay Plan GS	9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 111858	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 114028	21. Pay Basis PA				
12A. Basic Pay 93542		12B. Locality Adj. 18316		12C. Adj. Basic Pay 111858		12D. Other Pay 0		20A. Basic Pay 94472		20B. Locality Adj. 19556		20C. Adj. Basic Pay 114028		20D. Other Pay 0	
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA										
EMPLOYEE DATA															
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)				
27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE			29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA															
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA											
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI							
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTAL RATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.															
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 170109169 / ELECTRONICALLY SIGNED BY:  AUTHORIZING OFFICIAL										
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/08/2017											



# Employee Express

## Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Employee Name (Last, First MI): <b>HODOH OFIA B</b>	SSN <b>(b) (6)</b>	DOB <b>(b) (6)</b>	CPDF Code <b>EP00</b>
Transaction Date/Time <b>04/11/2016 07:21:05</b>	TSP Amount <b>(b) (6)</b>	TSP Percentage <b>(b) (6)</b>	Transaction <b>TSP Tax Deferred Start / Change</b>
TSP Effective Date <b>04/17/2016</b>	Personnel Office ID <b>00RT3318</b>	Payroll Office Number <b>68140108</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/10/2016								
FIRST ACTION					SECOND ACTION											
5-A. Code 894		5-B. Nature of Action GEN ADJ			6-A. Code		6-B. Nature of Action									
5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority									
5-E. Code ZLM		5-F. Legal Authority E.O. 13715 DATED 12/18/15			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113											
8. Pay Plan GS		9. Occ. Code 1301	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 110476		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 111858		21. Pay Basis PA
12A. Basic Pay 92611		12B. Locality Adj. 17865		12C. Adj. Basic Pay 110476		12D. Other Pay 0		20A. Basic Pay 93542		20B. Locality Adj. 18316		20C. Adj. Basic Pay 111858		20D. Other Pay 0		
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA					22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA					31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved					35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121					39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA											
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTAL RATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 160120985 / ELECTRONICALLY SIGNED BY:  AUTHORIZING OFFICIAL											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/10/2016												



# Employee Express

## Health Benefits History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Effective Date: 01/10/2016					
Employee Name (Last, First, MI): HODOH OFIA B	SSN	Gender	DOB	Married	
	(b) (6)				
Home Mailing Address PO BOX 1107  ROSWELL GA 300771107	Nature of Transaction: (b) (6) New Enrollment Code: (b) (6) New Plan Name: (b) (6)				
Name of Family Members	Zip	Date of Birth	Gender	Relationship	SSN
Kilgore Virgil F	(b) (6)				
(b) (6)					
Present Plan Name	Enrollment Code	Event Code	Date of Event		
(b) (6)			12/02/2015		
Acceptance Date 12/02/2015 15:35:07	CPDF Code EP00	Personnel Office ID 00RT3318	Payroll Office Number 68140108		



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 11/01/2015								
FIRST ACTION					SECOND ACTION											
5-A. Code 721		5-B. Nature of Action REASSIGNMENT			6-A. Code		6-B. Nature of Action									
5-C. Code N3M		5-D. Legal Authority REG 335.102 COMP			6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number ENVIRONMENTAL HEALTH SCIENTIST  THFB0000 0046432					15. TO: Position Title and Number PHYSICAL SCIENTIST  THD00000 D130113											
8. Pay Plan GS		9. Occ. Code 0601	10. Grade or Level 13	11. Step or Rate 09	12. Total Salary 110476		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 1301	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 110476		21. Pay Basis PA
12A. Basic Pay 92611		12B. Locality Adj. 17865		12C. Adj. Basic Pay 110476		12D. Other Pay 0		20A. Basic Pay 92611		20B. Locality Adj. 17865		20C. Adj. Basic Pay 110476		20D. Other Pay 0		
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION RESOURCE & SCIENTIFIC INTEGRITY BR SCIENTIFIC SUPPORT SECTION  ATLANTA,GEORGIA					22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION EMERGENCY RESP., REMVL. & PREV. BR  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA												
40. Agency Data FUNC CLS 91		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks SELECTED FROM RTP-R4-MP-2015-0086-13-NC , DATED 09/17/15. POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 151917801 / ELECTRONICALLY SIGNED BY: ARRON E. HELM HUMAN RESOURCES OFFICER										
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 11/01/2015												





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.					2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 05/03/2015							
FIRST ACTION					SECOND ACTION											
5-A. Code 893		5-B. Nature of Action REG WRI			6-A. Code		6-B. Nature of Action									
5-C. Code Q7M		5-D. Legal Authority REG 531.404			6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number ENVIRONMENTAL HEALTH SCIENTIST  THFB0000 0046432					15. TO: Position Title and Number ENVIRONMENTAL HEALTH SCIENTIST  THFB0000 0046432											
8. Pay Plan GS		9. Occ. Code 0601	10. Grade or Level 13	11. Step or Rate 08	12. Total Salary 107569		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 0601	18. Grade or Level 13	19. Step or Rate 09	20. Total Salary/Award 110476		21. Pay Basis PA
12A. Basic Pay 90174		12B. Locality Adj. 17395		12C. Adj. Basic Pay 107569		12D. Other Pay 0		20A. Basic Pay 92611		20B. Locality Adj. 17865		20C. Adj. Basic Pay 110476		20D. Other Pay 0		
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION RESOURCE & SCIENTIFIC INTEGRITY BR SCIENTIFIC SUPPORT SECTION  ATLANTA,GEORGIA					22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION RESOURCE & SCIENTIFIC INTEGRITY BR SCIENTIFIC SUPPORT SECTION  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA												
40. Agency Data FUNC CLS 32		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 150872769 / ELECTRONICALLY SIGNED BY:  SUZANNE ROBERTS HUMAN RESOURCES OFFICER											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 05/03/2015												



# Employee Express

## Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Employee Name (Last, First MI): <b>HODOH OFIA B</b>	SSN <b>(b) (6)</b>	DOB <b>(b) (6)</b>	CPDF Code <b>EP00</b>
Transaction Date/Time <b>01/30/2015 11:00:42</b>	TSP Amount <b>(b) (6)</b>	TSP Percentage <b>(b) (6)</b>	Transaction <b>TSP Tax Deferred Start / Change</b>
TSP Effective Date <b>02/08/2015</b>	Personnel Office ID <b>00RT3318</b>	Payroll Office Number <b>68140108</b>	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) HODOH, OFIA B.					2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/11/2015							
FIRST ACTION					SECOND ACTION											
5-A. Code 894		5-B. Nature of Action GEN ADJ			6-A. Code		6-B. Nature of Action									
5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority									
5-E. Code ZLM		5-F. Legal Authority E.O. 13686 DATED 12/19/14			6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number ENVIRONMENTAL HEALTH SCIENTIST  THFB0000 0046432					15. TO: Position Title and Number ENVIRONMENTAL HEALTH SCIENTIST  THFB0000 0046432											
8. Pay Plan GS		9. Occ. Code 0601	10. Grade or Level 13	11. Step or Rate 08	12. Total Salary 106504		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 0601	18. Grade or Level 13	19. Step or Rate 08	20. Total Salary/Award 107569		21. Pay Basis PA
12A. Basic Pay 89282		12B. Locality Adj. 17222		12C. Adj. Basic Pay 106504		12D. Other Pay 0		20A. Basic Pay 90174		20B. Locality Adj. 17395		20C. Adj. Basic Pay 107569		20D. Other Pay 0		
14. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION SUPERFUND SUPPORT BRANCH TECHNICAL SERVICES SECTION  ATLANTA,GEORGIA					22. Name and Location of Position's Organization REGION 4 SUPERFUND DIVISION SUPERFUND SUPPORT BRANCH TECHNICAL SERVICES SECTION  ATLANTA,GEORGIA											
EMPLOYEE DATA																
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)						
27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0						
30. Retirement Plan K FERS & FICA					31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA																
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved					35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 1050						
38. Duty Station Code 13-0280-121					39. Duty Station (City - County - State or Overseas Location) ATLANTA,FULTON,GEORGIA											
40. Agency Data FUNC CLS 32		41. VET STAT (b) (6)		42. EDUC LVL 14		43. SUPV STAT 8		44. POSITION SENSITIVITY NONSENSITIVE/LOW RI								
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTAL RATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.																
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO					50. Signature/Authentication and Title of Approving Official 150111380 / ELECTRONICALLY SIGNED BY:  AUTHORIZING OFFICIAL											
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/11/2015												



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01/12/2014			
FIRST ACTION						SECOND ACTION					
5-A. Code 894		5-B. Nature of Action Gen Adj				6-A. Code		6-B. Nature of Action			
5-C. Code QWM		5-D. Legal Authority Reg 531.207. Pay convat time of annual pay adj				6-C. Code		6-D. Legal Authority			
5-E. Code ZLM		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432						15. TO: Position Title and Number Environmental Health Scientist 002096 00046432					
8. Pay Plan GS		9. Occ. Code 0601		10. Grade or Level 13		11. Step or Rate 08		12. Total Salary 105,449.00		13. Pay Basis PA	
16. Pay Plan GS		17. Occ. Code 0601		18. Grade or Level 13		19. Step or Rate 08		20. Total Salary/Award 106,504.00		21. Pay Basis PA	
12A. Basic Pay 88,397.00		12B. Locality Adj. 17,052.00		12C. Adj. Basic Pay 105,449.00		12D. Other Pay 0		20A. Basic Pay 89,282.00		20B. Locality Adj. 17,222.00	
								20C. Adj. Basic Pay 106,504.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA						22. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA					
EMPLOYEE DATA											
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable		29. Pay Rate Determinant 0 0 Regular Rate			
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time		33. Part-Time Hours Per 00 Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050	
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA							
40. Agency Data 001		41. 05/06/2012		42.		43. BWA		44. PAR Number:			
45. Remarks Salary includes a general increase of 1 percent and a locality payment applicable in this area.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Suzanne L. Roberts Human Resources Officer					
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/12/2014							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 06/16/2013															
FIRST ACTION						SECOND ACTION																	
5-A. Code 002		5-B. Nature of Action Correction				6-A. Code 471		6-B. Nature of Action Furlough															
5-C. Code		5-D. Legal Authority				6-C. Code VAJ		6-D. Legal Authority 5 U.S.C. 75.Adverse actions.															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432						15. TO: Position Title and Number																	
8. Pay Plan GS		9. Occ. Code 0601		10. Grade or Level 13		11. Step or Rate 08		12. Total Salary 105,449.00		13. Pay Basis PA		16. Pay Plan		17. Occ. Code		18. Grade or Level		19. Step or Rate		20. Total Salary/Award		21. Pay Basis	
12A. Basic Pay 88,397.00		12B. Locality Adj. 17,052.00		12C. Adj. Basic Pay 105,449.00		12D. Other Pay 0		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay									
14. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA						22. Name and Location of Position's Organization																	
EMPLOYEE DATA																							
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)													
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable				29. Pay Rate Determinant 0 0 Regular Rate													
30. Retirement Plan K FERS and FICA						31. Service Comp. Date (Leave) (b) (6)				32. Work Schedule F Full Time				33. Part-Time Hours Per 00 Biweekly Pay Period									
POSITION DATA																							
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050													
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA																			
40. Agency Data 001		41. 05/06/2012		42.		43. BWA		44. PAR Number:															
45. Remarks (b) (6)																							
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Suzanne L. Roberts Human Resources Officer																	
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 09/13/2013																			



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>06/15/2013</b>							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code <b>881</b>		5-B. Nature of Action <b>FEGLI Chg</b>			6-A. Code		6-B. Nature of Action								
5-C. Code <b>DPM</b>		5-D. Legal Authority <b>5 U.S.C., Chapter 87.Life Insurance.</b>			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>					15. TO: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>08</b>	12. Total Salary <b>105,449.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0601</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>08</b>	20. Total Salary/Award <b>105,449.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>88,397.00</b>		12B. Locality Adj. <b>17,052.00</b>		12C. Adj. Basic Pay <b>105,449.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>88,397.00</b>		20B. Locality Adj. <b>17,052.00</b>		20C. Adj. Basic Pay <b>105,449.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> Not Applicable		29. Pay Rate Determinant <b>0</b> 0 Regular Rate							
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time		33. Part-Time Hours Per <b>00</b> Biweekly Pay Period							
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status <b>1050</b>							
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>001</b>		41. <b>05/06/2012</b>		42.		43. <b>BWA</b>		44. <b>PAR Number:</b>							
45. Remarks															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Suzanne L. Roberts Human Resources Officer</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3318</b>		49. Approval Date <b>06/04/2013</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>04/21/2013</b>							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code <b>471</b>		5-B. Nature of Action <b>Furlough</b>			6-A. Code		6-B. Nature of Action								
5-C. Code <b>VAJ</b>		5-D. Legal Authority <b>5 U.S.C. 75. Adverse actions.</b>			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>					15. TO: Position Title and Number										
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>08</b>	12. Total Salary <b>105,449.00</b>	13. Pay Basis <b>PA</b>		16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis		
12A. Basic Pay <b>88,397.00</b>		12B. Locality Adj. <b>17,052.00</b>		12C. Adj. Basic Pay <b>105,449.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>					22. Name and Location of Position's Organization										
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>9</b> Not Applicable				29. Pay Rate Determinant <b>0</b> 0 Regular Rate						
30. Retirement Plan <b>K</b> FERS and FICA			31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time				33. Part-Time Hours Per <b>00</b> Biweekly Pay Period						
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>1050</b>					
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>001</b>		41. <b>05/06/2012</b>		42.		43. <b>BWA</b>		44. <b>PAR Number:</b>							
45. Remarks <b>(b) (6)</b>															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Suzanne L. Roberts Human Resources Officer</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3318</b>		49. Approval Date <b>04/21/2013</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>02/10/2013</b>							
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>											
5-A. Code <b>800</b>		5-B. Nature of Action <b>Chg in Data Element</b>		6-A. Code		6-B. Nature of Action									
5-C. Code <b>CGM</b>		5-D. Legal Authority <b>5 U.S.C. 552a(e)(5).</b>		6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>				15. TO: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>											
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>08</b>	12. Total Salary <b>105,449.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0601</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>08</b>	20. Total Salary/Award <b>105,449.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>88,397.00</b>		12B. Locality Adj. <b>17,052.00</b>		12C. Adj. Basic Pay <b>105,449.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>88,397.00</b>		20B. Locality Adj. <b>17,052.00</b>		20C. Adj. Basic Pay <b>105,449.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> Not Applicable				29. Pay Rate Determinant <b>0</b> 0 Regular Rate					
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time				33. Part-Time Hours Per <b>00</b> Biweekly Pay Period					
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>1050</b>					
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>001</b>		41. <b>05/06/2012</b>		42.		43. <b>BWA</b>		44. <b>PAR Number:</b>							
45. Remarks Changes in data element in block 37. This change to your BUS code is an administrative change only and has no impact on your bargaining unit status.															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Suzanne L. Roberts Human Resources Officer</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3318</b>		49. Approval Date <b>02/10/2013</b>											





**Life Insurance Election**  
**Federal Employees' Group Life Insurance Program**  
*See Privacy Act Statement on back of Part 3*

**1 General Instructions**

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

**\*This election supersedes all previous elections.\***

**2 Fill in identifying information concerning the employee.**

Name (last, first, middle) Hodoh, Ofia, B		Date of birth (mm/dd/yyyy) (b) (6)	Social Security Number (b) (6)
Employing department or agency Environmental Protection Agency	OWCP claim number, if applicable	Location of department or agency where you work (city, state, ZIP code) Atlanta, GA 30303	Daytime telephone number (including area code) (b) (6)

**3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.**

<b>Basic</b>	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)	
	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	Date (mm/dd/yyyy) 12/04/2012

**4 Optional** If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.

*You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).*

Option A - Standard	Option B - Multiple	Option C - Child
I want Option A. I authorize deductions to pay the full cost. (b) (6)	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (b) (6)	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost. (b) (6)
SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) (b) (6)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) (b) (6)	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) (b) (6)

**5 If you want NO life insurance coverage, sign and date below.**

<b>Waiver of all life insurance coverage</b>	I want NO life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.	
	SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are not valid.) →	Date (mm/dd/yyyy)

**6 Agency Use**

Name and address of employing office US EPA 109 TWA Alexander Dr RTP NC 27711	Date received in employing office (mm/dd/yyyy) 12/6/12	Effective date of coverage (mm/dd/yyyy) 12/6/12	If new/newly eligible employee, enter "0" for event.  Number of event permitting change (See back of Part 2)
	Signature of authorized agency official Alleya Rumm		

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of insurance.

**PART 1 - File in Official Personnel Folder**



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>05/06/2012</b>							
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>											
5-A. Code <b>893</b>		5-B. Nature of Action <b>Reg WRI</b>		6-A. Code		6-B. Nature of Action									
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>Reg 531.404. Withingrade increase.</b>		6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>				15. TO: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>											
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>07</b>	12. Total Salary <b>102,599.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0601</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>08</b>	20. Total Salary/Award <b>105,449.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>86,008.00</b>		12B. Locality Adj. <b>16,591.00</b>		12C. Adj. Basic Pay <b>102,599.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>88,397.00</b>		20B. Locality Adj. <b>17,052.00</b>		20C. Adj. Basic Pay <b>105,449.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> Not Applicable		29. Pay Rate Determinant <b>0</b> 0 Regular Rate							
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time		33. Part-Time Hours Per <b>00</b> Biweekly Pay Period							
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>0012</b>					
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>001</b>		41. <b>05/06/2012</b>		42.		43. <b>BWA</b>		44. <b>PAR Number:</b>							
45. Remarks Work performance is at an acceptable level of competence. The waiting period for your next within-grade increase is 156 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official <b>Suzanne L. Roberts Human Resources Officer</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3318</b>		49. Approval Date <b>05/06/2012</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 11/04/2011							
FIRST ACTION				SECOND ACTION											
5-A. Code 800		5-B. Nature of Action Chg in Data Element		6-A. Code		6-B. Nature of Action									
5-C. Code CGM		5-D. Legal Authority 5 U.S.C. 552a(e)(5). Accuracy of personnel actions		6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432				15. TO: Position Title and Number Environmental Health Scientist 002096 00046432											
8. Pay Plan GS	9. Occ. Code 0601	10. Grade or Level 13	11. Step or Rate 07	12. Total Salary 102,599.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0601	18. Grade or Level 13	19. Step or Rate 07	20. Total Salary/Award 102,599.00	21. Pay Basis PA				
12A. Basic Pay 86,008.00		12B. Locality Adj. 16,591.00		12C. Adj. Basic Pay 102,599.00		12D. Other Pay 0		20A. Basic Pay 86,008.00		20B. Locality Adj. 16,591.00		20C. Adj. Basic Pay 102,599.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA						22. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA									
EMPLOYEE DATA															
23. Veterans Preference (b) (6)						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use 8		26. Veterans Preference for RIF (b) (6)				
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable			29. Pay Rate Determinant 0 0 Regular Rate						
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per 00 Biweekly Pay Period						
POSITION DATA															
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 0012						
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA											
40. Agency Data 001		41. 05/10/2009		42.		43. BWA		44. PAR Number:							
45. Remarks Changes data element(s) in block(s) 37 and 40.															
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Suzanne L. Roberts Human Resources Officer									
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 11/04/2011											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 3/26/2010															
FIRST ACTION						SECOND ACTION																	
5-A. Code 800		5-B. Nature of Action Chg in Data Element				6-A. Code		6-B. Nature of Action															
5-C. Code CGM		5-D. Legal Authority 5 U.S.C. 552a(e)(5). Accuracy of personnel actions				6-C. Code		6-D. Legal Authority															
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432						15. TO: Position Title and Number Environmental Health Scientist 002096 00046432																	
8. Pay Plan GS		9. Occ. Code 0601		10. Grade or Level 13		11. Step or Rate 07		12. Total Salary 102,599.00		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 0601		18. Grade or Level 13		19. Step or Rate 07		20. Total Salary/Award 102,599.00		21. Pay Basis PA	
12A. Basic Pay 86,008.00		12B. Locality Adj. 16,591.00		12C. Adj. Basic Pay 102,599.00		12D. Other Pay 0		20A. Basic Pay 86,008.00		20B. Locality Adj. 16,591.00		20C. Adj. Basic Pay 102,599.00		20D. Other Pay \$0									
14. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA						22. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA																	
EMPLOYEE DATA																							
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%												24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				25. Agency Use 8		26. Veterans Preference for RIF (b) (6)					
27. FEGLI (b) (6)												28. Annuitant Indicator 9 Not Applicable				29. Pay Rate Determinant 0 0 Regular Rate							
30. Retirement Plan K FERS and FICA						31. Service Comp. Date (Leave) (b) (6)						32. Work Schedule F Full Time				33. Part-Time Hours Per 00 Biweekly Pay Period							
POSITION DATA																							
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved						35. FLSA Category E E - Exempt N - Nonexempt						36. Appropriation Code						37. Bargaining Unit Status 7777					
38. Duty Station Code 13-0280-121						39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA																	
40. Agency Data 100		41. 05/10/2009				42.				43. BWA				44. PAR Number:									
45. Remarks Changes data element(s) in block(s) 48.																							
46. Employing Department or Agency Environmental Protection Agency												50. Signature/Authentication and Title of Approving Official Suzanne L. Roberts Human Resources Officer											
47. Agency Code EP00		48. Personnel Office ID 3318				49. Approval Date 3/26/2010																	



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>1/3/2010</b>							
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>									
5-A. Code <b>894</b>		5-B. Nature of Action <b>Gen Adj</b>				6-A. Code		6-B. Nature of Action							
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>Reg 531.205. Pay convat time of annual pay adj</b>				6-C. Code		6-D. Legal Authority							
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.O. 13525</b>				6-E. Code		6-F. Legal Authority							
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>						15. TO: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>									
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>07</b>	12. Total Salary <b>100,458.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0601</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>07</b>	20. Total Salary/Award <b>102,599.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>84,739.00</b>		12B. Locality Adj. <b>15,719.00</b>		12C. Adj. Basic Pay <b>100,458.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>86,008.00</b>		20B. Locality Adj. <b>16,591.00</b>		20C. Adj. Basic Pay <b>102,599.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> Not Applicable		29. Pay Rate Determinant <b>0</b> 0 Regular Rate							
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time		33. Part-Time Hours Per <b>00</b> Biweekly Pay Period							
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>7777</b>					
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>100</b>		41. <b>05/10/2009</b>		42.		43. <b>BWA</b>		44. PAR Number:							
45. Remarks Salary includes a general increase of 1.5 percent and a locality payment applicable in this area.															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official  <b>Human Resources Specialist</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3257</b>		49. Approval Date <b>1/3/2010</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 5/10/2009							
FIRST ACTION				SECOND ACTION											
5-A. Code 893		5-B. Nature of Action Reg WRI		6-A. Code		6-B. Nature of Action									
5-C. Code Q7M		5-D. Legal Authority Reg 531.404. Withingrade increase.		6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432				15. TO: Position Title and Number Environmental Health Scientist 002096 00046432											
8. Pay Plan GS	9. Occ. Code 0601	10. Grade or Level 13	11. Step or Rate 07	12. Total Salary 100,458.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0601	18. Grade or Level 13	19. Step or Rate 07	20. Total Salary/Award 100,458.00	21. Pay Basis PA				
12A. Basic Pay 84,739.00		12B. Locality Adj. 15,719.00		12C. Adj. Basic Pay 100,458.00		12D. Other Pay 0		20A. Basic Pay 84,739.00		20B. Locality Adj. 15,719.00		20C. Adj. Basic Pay 100,458.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA						22. Name and Location of Position's Organization DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA									
EMPLOYEE DATA															
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)					
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable				29. Pay Rate Determinant 0 0 Regular Rate					
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time				33. Part-Time Hours Per 00 Biweekly Pay Period					
POSITION DATA															
34. Position Occupied 1 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 7777					
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA											
40. Agency Data 100		41. 05/10/2009		42.		43. BWA		44. PAR Number:							
45. Remarks Work performance is at an acceptable level of competence. The waiting period for your next within-grade increase is 156 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.															
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist									
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 5/10/2009											





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>Hodoh, Ofia B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>1/4/2009</b>							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code <b>894</b>		5-B. Nature of Action <b>Gen Adj</b>			6-A. Code		6-B. Nature of Action								
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>Reg 531.205. Pay convat time of annual pay adj</b>			6-C. Code		6-D. Legal Authority								
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E.O. 13454</b>			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>					15. TO: Position Title and Number <b>Environmental Health Scientist 002096 00046432</b>										
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0601</b>	10. Grade or Level <b>13</b>	11. Step or Rate <b>06</b>	12. Total Salary <b>93,916.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0601</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>06</b>	20. Total Salary/Award <b>97,667.00</b>	21. Pay Basis <b>PA</b>				
12A. Basic Pay <b>80,065.00</b>		12B. Locality Adj. <b>13,851.00</b>		12C. Adj. Basic Pay <b>93,916.00</b>		12D. Other Pay <b>0</b>		20A. Basic Pay <b>82,385.00</b>		20B. Locality Adj. <b>15,282.00</b>		20C. Adj. Basic Pay <b>97,667.00</b>		20D. Other Pay <b>\$0</b>	
14. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>						22. Name and Location of Position's Organization <b>DeptID: 0000004929 Org Cd: 90497300 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure <b>1</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>					
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> Not Applicable				29. Pay Rate Determinant <b>0</b> 0 Regular Rate					
30. Retirement Plan <b>K</b> FERS and FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> Full Time				33. Part-Time Hours Per <b>00</b> Biweekly Pay Period					
<b>POSITION DATA</b>															
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status <b>7777</b>					
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>Atlanta Fulton GA USA</b>											
40. Agency Data <b>100</b>		41. <b>05/13/2007</b>		42.		43. <b>BWA</b>		44. <b>PAR Number:</b>							
45. Remarks Salary includes a general increase of 2.9 percent and a locality payment applicable in this area.															
46. Employing Department or Agency <b>Environmental Protection Agency</b>						50. Signature/Authentication and Title of Approving Official  <b>Human Resources Specialist</b>									
47. Agency Code <b>EP00</b>		48. Personnel Office ID <b>3257</b>		49. Approval Date <b>1/4/2009</b>											



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh,Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 1/6/2008					
FIRST ACTION						SECOND ACTION							
5-A. Code 894		5-B. Nature of Action Gen Adj				6-A. Code		6-B. Nature of Action					
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay convat time of annual pay adj				6-C. Code		6-D. Legal Authority					
5-E. Code ZLM		5-F. Legal Authority E.O. 13454				6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number Environmental Health Scientist 002096 00046432						15. TO: Position Title and Number Environmental Health Scientist 002096 00046432							
8. Pay Plan GS		9. Occ. Code 0601		10. Grade or Level 13		11. Step or Rate 06		12. Total Salary 90,523.00		13. Pay Basis PA			
16. Pay Plan GS		17. Occ. Code 0601		18. Grade or Level 13		19. Step or Rate 06		20. Total Salary/Award 93,916.00		21. Pay Basis PA			
12A. Basic Pay 78,111.00		12B. Locality Adj. 12,412.00		12C. Adj. Basic Pay 90,523.00		12D. Other Pay 0		20A. Basic Pay 80,065.00		20B. Locality Adj. 13,851.00			
20C. Adj. Basic Pay 93,916.00		20D. Other Pay \$0		22. Name and Location of Position's Organization 0000004929 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA		22. Name and Location of Position's Organization 0000004929 Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA							
EMPLOYEE DATA													
23. Veterans Preference (b) (6)						24. Tenure 1			25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. EEO-1 (b) (6)						28. Annuitant Indicator 9			29. Pay Rate Determinant 0			0 Regular Rate	
30. Retirement Plan K FERS and FICA						31. Service Comp. Date (Leave) (b) (6)			32. Work Schedule F Full Time			33. Part-Time Hours Per 00 Biweekly Pay Period	
POSITION DATA													
34. Position Occupied 1				35. FLSA Category E				36. Appropriation Code				37. Bargaining Unit Status 7777	
38. Duty Station Code 13-0280-121				39. Duty Station (City - County - State or Overseas Location) Atlanta Fulton GA USA									
40. Agency Data 100		41. 05/13/2007		42.		43. BWA		44. PAR Number:					
45. Remarks Salary includes a general increase of 2.5 percent and a locality payment applicable in this area.													
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist							
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 1/6/2008									





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 05-13-2007			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 893		5-B. Nature of Action Reg WRI			6-A. Code		6-B. Nature of Action				
5-C. Code Q7M		5-D. Legal Authority Reg 531.404, Within grade increase.			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Environmental Health Scientist Job Code: 002096 Position: 00046432					15. TO: Position Title and Number Environmental Health Scientist Job Code: 002096 Position: 00046432						
8. Pay Plan GS	9. Occ. Code 0601	10. Grade or Lvl 13	11. Step or Rate 05	12. Total Salary \$87,936.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0601	18. Grade or Lvl 13	19. Step or Rate 06	20. Total Salary/Award \$90,523.00	21. Pay Basis PA
12A. Basic Pay \$75,879.00		12B. Locality Adj. \$12,057.00		12C. Adj. Basic Pay \$87,936.00		12D. Other Pay \$0		20A. Basic Pay \$78,111.00		20B. Locality Adj. \$12,412.00	
								20C. Adj. Basic Pay \$90,523.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA DeptID: 0000004929 Org Cd: 90497300					22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA DeptID: 0000004929 Org Cd: 90497300						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6)					24. Tenure 1			25. Agency Use 8		26. Veterans Preference for RIF (b) (6)	
1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					0-None 1-Permanent 2-Conditional 3-Indefinite						
27. FEGLI (b) (6)					28. Annuity Indicator 9			29. Pay Rate Determinant 0		0 Regular Rate	
30. Retirement Plan K FERS and FICA					31. Service Comp. Date (Leave) (b) (6)			32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period 00	
<b>POSITION DATA</b>											
34. Position Occupied 1				35. FLSA Category E		36. Appropriation Code			37. Bargaining Unit Status 7777		
1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				E-Exempt N-Nonexempt							
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA USA							
40. Agency Data 100		41. 05-13-2007		42.		43. BWA		44. PAR Number:			
45. Remarks - Work performance is at an acceptable level of competence. - The waiting period for your next within-grade increase is 104 weeks from the above effective date. This period can be changed by an equivalent increase action, extended leave without pay, or non-work days if intermittent.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Jenna W McPhaul Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 05-13-2007							



## NOTIFICATION OF PERSONNEL ACTION

Rev 7/91  
U.S. Office of Personnel Management  
Guide to Processing Personnel Actions, Chapter 4

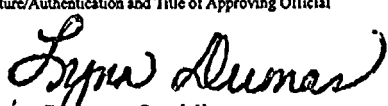
1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-07-2007			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 894		5-B. Nature of Action Gen Adj			6-A. Code		6-B. Nature of Action				
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority E.O. # 13420			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Environmental Health Scientist Job Code: 002096 Position: 00046432					15. TO: Position Title and Number Environmental Health Scientist Job Code: 002096 Position: 00046432						
8. Pay Plan GS	9. Occ. Code 0601	10. Grade or Lvl 13	11. Step or Rate 05	12. Total Salary \$85,874.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0601	18. Grade or Lvl 13	19. Step or Rate 05	20. Total Salary/Award \$87,936.00	21. Pay Basis PA
12A. Basic Pay \$74,608.00		12B. Locality Adj. \$11,266.00		12C. Adj. Basic Pay \$85,874.00		20A. Basic Pay \$75,879.00		20B. Locality Adj. \$12,057.00		20C. Adj. Basic Pay \$87,936.00	
12D. Other Pay \$0		20D. Other Pay \$0		14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA DeptID: 0000004929 Org Cd: 90497300				22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, Superfund Division, Superfund Support Branch, Technical Services Section Atlanta GA USA DeptID: 0000004929 Org Cd: 90497300			
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. Reason (b) (6)					28. Annuitant Indicator 9 Not Applicable		29. Pay Rate Determinant 0 0 Regular Rate		30. Part-Time Hours Per Biweekly Pay Period 00		
31. Service Comp. Date (Leave) (b) (6)					32. Work Schedule F Full Time		33. Retirement Plan K FERS and FICA				
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 7777		
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA USA							
40. Agency Data 100		41. 05-15-2005		42.		43. BWA		44. PAR Number:			
45. Remarks - Salary includes a general increase of 1.7 percent and a locality payment applicable in this area.											
Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 01-07-2007							

2 - OPF Copy - Long-Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 03-05-2006							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
5-A. Code 721		5-B. Nature of Action Reassignment			6-A. Code		6-B. Nature of Action								
5-C. Code N2M		5-D. Legal Authority Reg 335.102, Promotion/ reassignment/CLG.			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596					15. TO: Position Title and Number Environmental Health Scientist Job Code: 002096 Position: 00046432										
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Lvl 13	11. Step or Rate 05	12. Total Salary \$85,874.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0601	18. Grade or Lvl 13	19. Step or Rate 05	20. Total Salary/Award \$85,874.00	21. Pay Basis PA				
12A. Basic Pay \$74,608.00		12B. Locality Adj. \$11,266.00		12C. Adj. Basic Pay \$85,874.00		12D. Other Pay \$0		20A. Basic Pay \$74,608.00		20B. Locality Adj. \$11,266.00		20C. Adj. Basic Pay \$85,874.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600						22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, Waste Management Division, Superfund Remedial & Technical Support Branch, Technical Support Section Atlanta GA USA DeptID: 0000003989 Org Cd: 90453500									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference (b) (6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30%						24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)					
27. FEGLI (b) (6)						28. Annuity Indicator 9 Not Applicable		29. Pay Rate Determinant 0 0 Regular Rate							
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period 00							
<b>POSITION DATA</b>															
34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 7777						
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA USA											
40. Agency Data 100		41. 05-15-2005		42.		43. BWA		44. PAR Number: WHD 06-079							
45. Remarks															
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist									
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 02-28-2006											



## NOTIFICATION OF PERSONNEL ACTION

Rev 7/91  
U.S. Office of Personnel Management  
Guide to Processing Personnel Actions, Chapter 4

1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-08-2006			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 894		5-B. Nature of Action Pay Adj			6-A. Code		6-B. Nature of Action				
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority E.O. 13282			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596					15. TO: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596						
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Lvl 13	11. Step or Rate 05	12. Total Salary \$83,209.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Lvl 13	19. Step or Rate 05	20. Total Salary/Award \$85,874.00	21. Pay Basis PA
12A. Basic Pay \$73,074.00		12B. Locality Adj. \$10,135.00		12C. Adj. Basic Pay \$83,209.00		12D. Other Pay \$0		20A. Basic Pay \$74,608.00		20B. Locality Adj. \$11,266.00	
								20C. Adj. Basic Pay \$85,874.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600						22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600					
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%						24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)						28. Annuitant Indicator 9 Not Applicable		29. Pay Rate Determinant 0 0 Regular Rate			
30. Retirement Plan K FERS and FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 7777		
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA USA							
40. Agency Data 100		41. 05-15-2005		42.		43. BWA		44. PAR Number:			
45. Remarks  - Salary includes a general increase of 2.1 percent and a locality payment applicable in this area.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 01-08-2006							

2 - OPF Conv - Long-Term Record - DO NOT DESTROY

Editions Prior to 7/91 Are Not Usable After 6/30/93



# NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 05-19-2005			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 880		5-B. Nature of Action Chg in Tenure Group			6-A. Code		6-B. Nature of Action				
5-C. Code KMM		5-D. Legal Authority Reg 315.202			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596					15. TO: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596						
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Lvl 13	11. Step or Rate 05	12. Total Salary \$83,209.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Lvl 13	19. Step or Rate 05	20. Total Salary/Award \$83,209.00	21. Pay Basis PA
12A. Basic Pay \$73,074.00		12B. Locality Adj. \$10,135.00		12C. Adj. Basic Pay \$83,209.00		12D. Other Pay \$0		20A. Basic Pay \$73,074.00		20B. Locality Adj. \$10,135.00	
								20C. Adj. Basic Pay \$83,209.00		20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600					22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					24. Tenure 1 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIF (b) (6)		
27. FEGLI (b) (6)					28. Annuitant Indicator 9 Not Applicable		29. Pay Rate Determinant 0 Regular Rate				
30. Retirement Plan K FERS and FICA			31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00			
<b>POSITION DATA</b>											
34. Position Occupied I 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 7777		
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA. USA							
40. Agency Data 100		41. 05-15-2005		42.		43. BWA		44. PAR Number:			
45. Remarks  - Completed service requirement for career tenure from 2002-05-19 to 2005-05-18.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official  Jena W McPhail  Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 05-19-2005							





## NOTIFICATION OF PERSONNEL ACTION


Rev 7/91  
U.S. Office of Personnel Management  
Guide to Processing Personnel Actions, Chapter 4

1. Name (Last, First, Middle) Hodoh, Ofia B.				2. Social Security Number (b) (6)		3. Date of Birth		4. Effective Date 01-09-2005			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code 894		5-B. Nature of Action Pay Adj			6-A. Code		6-B. Nature of Action				
5-C. Code QWM		5-D. Legal Authority Reg 531.205. Pay conv at time of annual pay adj.			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority E.O. 13282			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596					15. TO: Position Title and Number Life Scientist Job Code: 001448 Position: 00023596						
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Lvl 13	11. Step or Rate 04	12. Total Salary \$77,922.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Lvl 13	19. Step or Rate 04	20. Total Salary/Award \$80,762.00	21. Pay Basis PA
12A. Basic Pay \$69,196.00		12B. Locality Adj. \$8,726.00		12C. Adj. Basic Pay \$77,922.00		20A. Basic Pay \$70,925.00		20B. Locality Adj. \$9,837.00		20C. Adj. Basic Pay \$80,762.00	
				12D. Other Pay \$0						20D. Other Pay \$0	
14. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600					22. Name and Location of Position's Organization Environmental Protection Agency Region 4 Atlanta, AIR, PESTICIDES & TOXICS MGMT DIVISION, AIR TOXICS & MONITORING BRANCH, AIR TOXICS ASSESSMENT & IMPLEMENTATION SEC Atlanta GA USA DeptID: 0000004020 Org Cd: 90465600						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference (b) (6) 1-None 2-5 Point 3-10 Point/Disability 4-10 Point/Compensable 5-10 Point/Other 6-10 Point/Compensable/30%					24. Tenure 2 0-None 1-Permanent 2-Conditional 3-Indefinite		25. Agency Use 8		26. Veterans Preference for RIP (b) (6)		
27. FEGLI (b) (6)					28. Annuity Indicator 9 Not Applicable			29. Pay Rate Determinant 0 Regular Rate			
30. Retirement Plan K FERS and FICA					31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F Full Time			33. Part-Time Hours Per Biweekly Pay Period 00	
<b>POSITION DATA</b>											
34. Position Occupied 1 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E E-Exempt N-Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 7777		
38. Duty Station Code 13-0280-121				39. Duty Station (City-County-State or Overseas Location) Atlanta Fulton GA USA							
40. Agency Data 100		41. 05-18-2003		42.		43. BWA		44. PAR Number:			
45. Remarks - Salary includes a general increase of 2.5 percent and a locality payment applicable in this area.											
46. Employing Department or Agency Environmental Protection Agency						50. Signature/Authentication and Title of Approving Official <i>Lynne Alumas</i> Human Resources Specialist					
47. Agency Code EP00		48. Personnel Office ID 3257		49. Approval Date 01-09-2005							



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODOH, OFIA B.</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>05-29-04</b>																		
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>																						
5-A. Code <b>881</b>		5-B. Nature of Action <b>FEGLI CHANGE</b>			6-A. Code		6-B. Nature of Action																				
5-C. Code <b>DPM</b>		5-D. Legal Authority <b>5 U.S.C. CH. 87</b>			6-C. Code		6-D. Legal Authority																				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority																				
7. FROM: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>					15. TO: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>																						
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0401</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>04</b>		12. Total Salary <b>\$77922.00</b>		13. Pay Basis <b>PA</b>		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0401</b>		18. Grade/Level <b>13</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$77922.00</b>		21. Pay Basis <b>PA</b>					
12A. Basic Pay <b>69196.00</b>		12B. Locality Adj. <b>8726.00</b>		12C. Adj. Basic Pay <b>77922.00</b>		12D. Other Pay		20A. Basic Pay <b>69196.00</b>		20B. Locality Adj. <b>8726.00</b>		20C. Adj. Basic Pay <b>77922.00</b>		20D. Other Pay													
14. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>					22. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>																						
<b>EMPLOYEE DATA</b>																											
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%					24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite					25. Agency Use <b>8</b>			26. Veterans Preference for RIF <b>(b) (6)</b>														
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>9</b> <b>NOT APPLICABLE</b>					29. Pay Rate Determinant <b>0</b>																	
30. Retirement Plan <b>K</b> <b>FERS &amp; FICA</b>					31. Service Comp. Date (Leave) <b>(b) (6)</b>					32. Work Schedule <b>F</b> <b>FULL TIME</b>					33. Part-Time Hours Per Biweekly Pay Period <b>00</b>												
<b>POSITION DATA</b>																											
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved					35. FLSA Category <b>E</b> E - Exempt N - Nonexempt					36. Appropriation Code <b>8145</b>					37. Bargaining Unit Status <b>7777</b>												
38. Duty Station Code <b>13-0280-121</b>					39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>																						
40. AGENCY DATA <b>100</b>					41. <b>05-18-03</b>					42.					43. <b>BWA</b>					44. <b>05-19-02 Y 12-01-02 A</b>							
45. Remarks <b>SERVICE COUNTING TOWARD CAREER TENURE FROM 05-19-02 .</b> <b>YOUR WAIVER OF BASIC PLUS OPTION A INSURANCE BECAME EFFECTIVE THE DAY PRIOR TO THE EFFECTIVE DATE SHOWN ABOVE.</b>																											

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>											50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT SPECIALIST</b>											
47. Agency Code <b>EP 00</b>			48. Personnel Office ID <b>3257</b>			49. Approval Date <b>05-17-04</b>																
5-Part 50-316																						

**1 General Instructions**

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

**This election supersedes all previous elections.**

**2 Fill in identifying information concerning the employee.**

Name (Last) <u>Hodoh</u> (First) <u>Ofia</u> (Middle) <u>B.</u>	Date of birth (mm/dd/yyyy) <u>(b) (6)</u>	Social Security Number <u>(b) (6)</u>
Employing department or agency <u>US EPA</u>	OWCP claim number, if applicable	Location of department or agency where employee works (City, state, ZIP Code) <u>Atlanta, GA 30303</u>
		Daytime telephone number (including area code) <u>(b) (6)</u>

**3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.**

<b>Basic</b>	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>	Date (mm/dd/yyyy)
--------------	--	-------------------

**4 Optional** If you signed for Basic in Item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost. <u>(b) (6)</u>	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay <u>(b) (6)</u>	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the <u>(b) (6)</u>
Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

**5 If you want NO life insurance coverage, sign and date below.**

<b>Waiver of all life insurance coverage</b>	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>	Date (mm/dd/yyyy) <u>05/17/2004</u>
--	---	--

**6 Agency Remarks:**  
Use

Name and address of employing office Atlanta Federal Center Human Resources Management Branch 61 Forsyth Street, SW Atlanta, Georgia 30303	Date received in employing office (mm/dd/yyyy) <u>05/17/2004</u>	Effective date of coverage (mm/dd/yyyy) <u>05-29-2004</u>
	I followed the instructions on the back of Part 3.	
	Signature of authorized agency official <u>[Signature]</u>	

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

PART 4 - File in Official Personnel Folder





# Instructions for Agencies

## 1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. Exception: Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an as listed above.

## 2. Review of Completed Form

Review the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

**Exception:** If the employee assigned his or her insurance, only the assignee(s) may *waive* some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

## 3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

## 4. Date Received

Enter the date the employing office received this form.

## 5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

## 6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

## 7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

## 8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODDH, OFIA B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth		4. Effective Date <b>01-11-04</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>002</b>		5-B. Nature of Action <b>CORRECTION</b>		6-A. Code <b>B94</b>		6-B. Nature of Action <b>PAY ADJ</b>					
5-C. Code		5-D. Legal Authority		6-C. Code <b>GWM</b>		6-D. Legal Authority <b>REG 531.205</b>					
5-E. Code		5-F. Legal Authority		6-E. Code <b>ZLM</b>		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number <b>0023576</b> <b>LIFE SCIENTIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0401</b>		10. Grade/Level <b>13</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$77922.00</b>		21. Pay Basis <b>PA</b>	
12A. Basic Pay <b>0.00</b>		12B. Locality Adj.		12C. Adj. Basic Pay <b>0.00</b>		12D. Other Pay		20A. Basic Pay <b>69196.00</b>		20B. Locality Adj. <b>8726.00</b>	
								20C. Adj. Basic Pay <b>77922.00</b>		20D. Other Pay	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>							
<b>EMPLOYEE DATA</b>				24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
23. Veterans Preference <b>(b) (6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				28. Annuitant Indicator <b>9</b> NOT APPLICABLE				29. Pay Rate Determinant <b>0</b>			
27. FEGLI <b>(b) (6)</b>				32. Work Schedule <b>F</b> FULL TIME				33. Part-Time Hours Per Biweekly Pay Period <b>00</b>			
30. Retirement Plan <b>K</b> FERS & FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>				37. Bargaining Unit Status <b>7777</b>			
<b>POSITION DATA</b>				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt				36. Appropriation Code <b>8145</b>		37. Bargaining Unit Status	
34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>			
40. AGENCY DATA <b>100</b>		41. <b>05-18-03</b>		42.		43. <b>BWA</b>		44. <b>05-17-02 Y 12-01-02 A</b>			
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 2.7 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>											

**CORRECTED TO REFLECT RETROACTIVE PAY  
ADJUSTMENT UNDER E.O. 13332.**

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>Karen James</b> <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3257</b>		49. Approval Date <b>01-11-04</b>	

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODOH, OFIA B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-11-04</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>894</b>		5-B. Nature of Action <b>PAY ADJ</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REG 531.205</b>		6-C. Code		6-D. Legal Authority					
5-E. Code <b>ZLM</b>		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>				15. TO: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0401</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>04</b>		12. Total Salary <b>\$74687.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>67377.00</b>		12B. Locality Adj. <b>7310.00</b>		12C. Adj. Basic Pay <b>74687.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0401</b>	
18. Grade/Level <b>13</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$76250.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>68386.00</b>		20B. Locality Adj. <b>7864.00</b>	
20C. Adj. Basic Pay <b>76250.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>							
14. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>											
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%											
24. Tenure <b>2</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite											
25. Agency Use <b>8</b>											
26. Veterans Preference for RIF <b>(b) (6)</b>											
27. FEGLI <b>(b) (6)</b>											
28. Annuitant Indicator <b>9</b> NOT APPLICABLE											
29. Pay Rate Determinant <b>0</b>											
30. Retirement Plan <b>K</b> FERS & FICA				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F</b> FULL TIME			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>				34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt			
36. Appropriation Code <b>8145</b>				37. Bargaining Unit Status <b>7777</b>				38. Duty Station Code <b>13-0280-121</b>			
39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>				40. AGENCY DATA <b>100</b>							
41. <b>05-18-03</b>				42.				43. <b>BWA</b>			
44. <b>05-19-02 Y 12-01-02 A</b>				45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 1.5 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>							

46. Employing Department or Agency  
**ENVIRONMENTAL PROTECTION AGENCY**

47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3257</b>	49. Approval Date <b>01-11-04</b>
---------------------------------	--	--------------------------------------

50. Signature/Authentication and Title of Approving Official  
*Alvin B. Williams*  
**PERSONNEL MGMT SPECIALIST**



## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODOH, OFIA B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>05-18-03</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>B93</b>		5-B. Nature of Action <b>WITHIN-GRADE INC</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>Q7M</b>		5-D. Legal Authority <b>REG 531.404</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>0023596 LIFE SCIENTIST</b>				15. TO: Position Title and Number <b>0023596 LIFE SCIENTIST</b>							
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0401</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>03</b>		12. Total Salary <b>\$72424.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>65335.00</b>		12B. Locality Adj. <b>7089.00</b>		12C. Adj. Basic Pay <b>72424.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0401</b>	
18. Grade/Level <b>13</b>		19. Step/Rate <b>04</b>		20. Total Salary/Award <b>\$74687.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>67377.00</b>		20B. Locality Adj. <b>7310.00</b>	
20C. Adj. Basic Pay <b>74687.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90465600 EPA, REGION 4 ATLANTA, AIR, PESTICIDES &amp; TOXICS MGMT DIVISION, AIR TOXICS &amp; MONITORING BRANCH, AIR TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC ATLANTA, GEORGIA</b>							
23. Veterans Preference <b>(b) (6)</b>				24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>	
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>9 NOT APPLICABLE</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>				32. Work Schedule <b>F FULL TIME</b>			
33. Part-Time Hours Per Biweekly Pay Period <b>00</b>				34. Position Occupied <b>1</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt			
36. Appropriation Code <b>0304B</b>				37. Bargaining Unit Status <b>7777</b>				38. Duty Station Code <b>13-0280-121</b>			
39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>				40. AGENCY DATA <b>100</b>				41. <b>05-18-03</b>			
42. <b>BWA</b>				43. <b>05-19-02</b>				44. <b>Y 12-01-02 A</b>			

## 45. Remarks

WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.  
THE WAITING PERIOD FOR YOUR NEXT WITHIN-GRADE INCREASE IS 104 WEEKS  
FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-  
ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF  
INTERMITTENT.

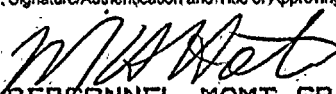
46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <i>[Signature]</i> <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>		48. Personnel Office ID <b>3257</b>		49. Approval Date <b>05-18-03</b>	





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODON, OFIA B.</b>						2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>01-12-03</b>		4. Effective Date <b>01-12-03</b>	
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>					
5-A. Code <b>B74</b>		5-B. Nature of Action <b>PAY ADJ</b>				6-A. Code		6-B. Nature of Action			
5-C. Code <b>QWM</b>		5-D. Legal Authority <b>REQ 531.205</b>				6-C. Code		6-D. Legal Authority			
5-E. Code <b>ZLM</b>		5-F. Legal Authority <b>E. O. 13282</b>				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>						15. TO: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>					
8. Pay Plan <b>GS</b>		9. Occ. Code <b>0401</b>		10. Grade/Level <b>13</b>		11. Step/Rate <b>03</b>		12. Total Salary <b>\$69541.00</b>		13. Pay Basis <b>PA</b>	
12A. Basic Pay <b>63369.00</b>		12B. Locality Adj. <b>6172.00</b>		12C. Adj. Basic Pay <b>69541.00</b>		12D. Other Pay		16. Pay Plan <b>GS</b>		17. Occ. Code <b>0401</b>	
18. Grade/Level <b>13</b>		19. Step/Rate <b>03</b>		20. Total Salary/Award <b>\$71699.00</b>		21. Pay Basis <b>PA</b>		20A. Basic Pay <b>65335.00</b>		20B. Locality Adj. <b>6364.00</b>	
20C. Adj. Basic Pay <b>71699.00</b>		20D. Other Pay		22. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>							
14. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>						24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite					
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>			
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> NOT APPLICABLE		29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K</b> FERS & FICA						31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F</b> FULL TIME		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>	
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved						35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8145</b>		37. Bargaining Unit Status <b>7777</b>	
38. Duty Station Code <b>13-0280-121</b>						39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>					
40. AGENCY DATA <b>100</b>		41. <b>05-19-02</b>		42.		43. <b>BWA</b>		44. <b>05-19-02 Y 12-01-02 A</b>			
45. Remarks <b>SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A</b> <b>LOCALITY PAYMENT APPLICABLE IN THIS AREA.</b>											

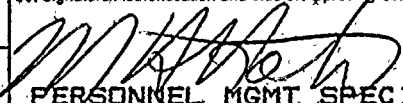
46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3257</b>	49. Approval Date <b>01-12-03</b>			

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODOH, OFIA B.</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01-12-02</b>			
<b>FIRST ACTION</b>				<b>SECOND ACTION</b>							
5-A. Code <b>895</b>		5-B. Nature of Action <b>LOCALITY PAYMENT</b>		6-A. Code		6-B. Nature of Action					
5-C. Code <b>VGR</b>		5-D. Legal Authority <b>5 U.S.C. 5304</b>		6-C. Code		6-D. Legal Authority					
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>				15. TO: Position Title and Number <b>0023596</b> <b>LIFE SCIENTIST</b>							
8. Pay Plan <b>GS</b>	9. Occ. Code <b>0401</b>	10. Grade/Level <b>13</b>	11. Step/Rate <b>03</b>	12. Total Salary <b>\$71699.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0401</b>	18. Grade/Level <b>13</b>	19. Step/Rate <b>03</b>	20. Total Salary/Award <b>\$72424.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>65335.00</b>		12B. Locality Adj. <b>6364.00</b>		12C. Adj. Basic Pay <b>71699.00</b>		20A. Basic Pay <b>65335.00</b>		20B. Locality Adj. <b>7089.00</b>		20C. Adj. Basic Pay <b>72424.00</b>	
14. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b> <b>EMPLOYEE DATA</b>						22. Name and Location of Position's Organization <b>90465600</b> <b>EPA, REGION 4 ATLANTA,</b> <b>AIR, PESTICIDES &amp; TOXICS MGMT DIVISION,</b> <b>AIR TOXICS &amp; MONITORING BRANCH, AIR</b> <b>TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC</b> <b>ATLANTA, GEORGIA</b>					
23. Veterans Preference <b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				24. Tenure <b>2</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use <b>8</b>		26. Veterans Preference for RIF <b>(b) (6)</b>			
27. FEGLI <b>(b) (6)</b>				28. Annuitant Indicator <b>9 NOT APPLICABLE</b>				29. Pay Rate Determinant <b>0</b>			
30. Retirement Plan <b>K FERS &amp; FICA</b> <b>POSITION DATA</b>				31. Service Comp. Date (Leave) <b>(b) (6)</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period <b>00</b>			
34. Position Occupied <b>1</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code <b>8145</b>		37. Bargaining Unit Status <b>7777</b>			
38. Duty Station Code <b>13-0280-121</b>				39. Duty Station (City - County - State or Overseas Location) <b>ATLANTA, GEORGIA</b>							
40. AGENCY DATA <b>100</b>		41. <b>05-19-02</b>		42.		43. <b>BWA</b>		44. <b>05-19-02 Y 12-01-02 A</b>			

## 45. Remarks

SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A  
LOCALITY PAYMENT APPLICABLE IN THIS AREA.  
SERVICE COUNTING TOWARD CAREER TENURE FROM 1

48. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official  <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3257</b>	49. Approval Date <b>01-12-03</b>			



# Health Benefits Election Form

## Federal Employees Health Benefits Program

Form Approved:  
OMB No. 3208-0160

For Employees, Former Spouses Under the Spouse Equity Law, and Individuals

Eligible for Temporary Continuation of Coverage

• Complete Parts A and G, and Parts B, C, D, E, and F as applicable.

Do not separate the copies. Your employing office will certify the completed form and return your copy to you.

• Type or print firmly  
• Sign and date in Part G

### Part A - Fill in this part.

1. Name (last, first, middle initial) <u>Hodoh, Ofia, B.</u>	2. Social Security Number <u>(b) (6)</u>	3. Date of birth (mo., day, yr.) <u>(b) (6)</u>
4. Your home mailing address (include ZIP code) <u>(b) (6)</u>	5. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. Are you now married? <u>(b) (6)</u>
	7. Daytime telephone number (include area code) <u>(b) (6)</u>	

### Part B - Fill in this part if you wish to enroll or change your enrollment in the Federal Employees Health Benefits (FEHB) Program.

1. I elect to enroll in a health benefits plan as shown below. (Copy the information requested below from front cover of brochure of the plan you select.)

2a. Names of family members (last, first, middle initial) <u>(b) (6)</u>	2b. ZIP code <u>(b) (6)</u>	2c. Date of birth (mo., day, yr.) <u>(b) (6)</u>	2d. Sex <u>(b) (6)</u>	2e. Relationship "code" <u>(b) (6)</u>	2f. Social Security Number (see instructions) <u>(b) (6)</u>

3a. Do you, your spouse or any other eligible family members have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? <u>(b) (6)</u>	Name of policyholder (last, first, middle initial) <u>(b) (6)</u>
3b. Type of insurance <input type="checkbox"/> Medicare <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> TRICARE (including CHAMPUS) <input type="checkbox"/> Other (specify name) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B	

### PART C - Fill in this part, as well as PART B, to change enrollment.

1. Present Plan name <u>N/A</u>	2. Present Plan enrollment code <u>(b) (6)</u>	1. Event code that permits change (see Table of Permissible Changes) <u>(b) (6)</u>	2. Date of event that permits change (mo., day, yr.) <u>05/19/2002</u>
------------------------------------	---	--	---

### Part E - Employees Only

Place an "X" in the box below if you wish NOT TO ENROLL in the FEHB Program.

☐ I elect not to enroll in the Federal Employees Health Benefits Program.

My signature in PART G certifies that I have read and understand the information on page 4 regarding this election.

### Part F - Cancellation

Place an "X" in the box below if you wish to CANCEL your enrollment.

☐ I elect to cancel my enrollment in the Federal Employees Health Benefits Program. I am currently enrolled under the code shown above.

My signature in PART G certifies that I have read the information in the instructions on page 4 regarding cancellation of enrollment and that I understand that I must meet the 5-year requirement to qualify for FEHB coverage after retirement.

### Part G - Fill in this part.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (do not print) <u>Ofia Hodoh</u>	2. Date (mo., day, yr.) <u>05/24/2002</u>
---	--

### Part H - To be completed by agency

1. Name and address of employing office (include ZIP code) Environmental Protection Agency 61 Forsyth Street S.W. Atlanta, Georgia 30303	2. Date received in employing office (mo., day, yr.) <u>05/24/2002</u>	3. Effective date of action (mo., day, yr.) <u>06/02/2002</u>	4. SF 2811 report number
	5. Payroll office number <u>68-01-0015</u>	6. Payroll contact and telephone number (including area code) Customer Service (202) 565-2550	
	7. Personnel contact and telephone number (including area code) Alesia Bryant (404) 562-8140		
	8. Signature of authorized agency official and telephone number (including area code) <u>Alesia Bryant</u> (404) 562-8140		

Remarks  
New employee enrolling in the Federal Employees Health Benefits Program.

Office of Personnel Management

Standard Form 2809  
Revised July 1999  
Forms are not usable.



# THRIFT SAVINGS PLAN ELECTION FORM

TSP-1

- Use this form to:
- Start your contributions to the Thrift Savings Plan (TSP)
  - Change the amount of your contributions to the TSP
  - Stop your contributions to the TSP

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information using black or dark blue ink. **Return the completed form to your agency employing office.** Your agency will return a copy to you after completing Section V.

**Note:** To allocate your contributions among the five investment funds, see the instructions in the General Information section on the back of this form.

## I. INFORMATION ABOUT YOU

1. Hodoh Ofia B.  
Name (Last) (First) (Middle)  
2. (b) (6)  
Street Address City State Zip Code  
3. (b) (6) 4. (b) (6)  
Social Security Number Daytime Phone (Area Code and Number)  
5. US Environmental Protection Agency  
Office Identification (Agency and Organization)

## II. START OR CHANGE YOUR CONTRIBUTIONS

To start or change the amount of your contributions to your TSP account, enter either a whole percentage of your basic pay per pay period (Item 6) or a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. (b) (6)

## III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the instructions on the back.)

8. ☐ I want to stop contributing to my TSP account. I understand that my payroll contributions will stop no later than the first full pay period after my agency employing office receives this form.

## IV. SIGNATURE

9. Of Hodoh 10. 05/22/02  
Participant's Signature Date Signed (mm/dd/yyyy)

## V. FOR EMPLOYING OFFICE USE ONLY

11. 68-01-0015 12. 06/02/2002 13. 1/1  
Payroll Office Number Effective Date (mm/dd/yyyy) New Eligibility Date (mm/dd/yyyy)  
(If participant completed Section III)  
14. Alexia S. Bryant 15. 05/24/2002  
Signature of Employing Office Official Receipt Date (mm/dd/yyyy)  
16. New Employee HBWB  
Remarks

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal

law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER

Form TSP-1 (5/2001)  
OBSOLETE





## INFORMATION AND INSTRUCTIONS

### GENERAL INFORMATION

To start or change your contributions, submit this form within 60 days of your Federal appointment or during a TSP open season. To stop your contributions, submit this form at any time. (See Section III.) Your election will stay in effect until you submit another election during a subsequent TSP open season or until you leave Federal service.

If you change your address, notify your agency employing office immediately so that your agency can correct your records for your TSP account.

**Important Note for New TSP Participants:** All contributions to your account will be invested in the Government Securities Investment (G) Fund until you direct the TSP record keeper to allocate your contributions differently. There are five TSP funds; the Plan Summary describes the funds and discusses their risks and advantages.

To allocate your contributions among the five investment funds, use the TSP Web site at [www.tsp.gov](http://www.tsp.gov), call the ThriftLine at (504) 255-8777, or submit Form TSP-50, Investment Allocation, to the TSP record keeper at the address on that form. If you use the Web site or the ThriftLine, you will need your Social Security number and your TSP Personal Identification Number (PIN). If you are a newly hired employee, you will receive your PIN in the mail when your new account has been established. If you prefer to submit Form TSP-50, do not do so until you receive a letter from the TSP record keeper confirming that your new account has been established. If your account has not been established, Form TSP-50 will not be accepted.

### SECTION I

Complete all items in this section.

### SECTION II

Complete this section to start your TSP contributions or to change the amount you are contributing to the TSP. Complete either Item 6 or Item 7.

**Item 6, Percentage of Basic Pay per Pay Period.** You may contribute up to the limits specified in the table below (but not exceeding the Internal Revenue Service annual elective deferral limit):

	FERS	CSRS
July 1, 2001 – December 31, 2001	11%	6%
January 1, 2002 – December 31, 2002	12%	7%
January 1, 2003 – December 31, 2003	13%	8%
January 1, 2004 – December 31, 2004	14%	9%
January 1, 2005 – December 31, 2005	15%	10%
Beginning January 1, 2006	TSP contribution limits eliminated	

**Item 7, Dollar Amount per Pay Period.** The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period. The dollar amount you choose to contribute will not change until you submit a new Form TSP-1.

### SECTION III

Complete this section to stop your contributions. If you stop contributing during a TSP open season, you will not be able to start again until the next TSP open season. If you stop contributing outside an open season, you will not be able to start again until the second open season after this form is received by your agency employing office.

**Note:** If you are a FERS employee, you may change the way your Agency Automatic (1%) Contributions are allocated even if you are not contributing to your account. You can use the TSP Web site, the ThriftLine, or Form TSP-50, as described in "General Information" above.

### SECTION IV

You must complete this section.

### SECTION V

(To be completed by employing office)

In Item 12, enter the effective date of the action. An election made within 60 days of the employee's Federal appointment must be made effective no later than the first full pay period after receipt of Form TSP-1. Elections made during an open season to begin or change contributions must not be made effective before the first full pay period of the last month of the open season.

If a participant chooses to stop contributing to the TSP (Section III), the termination should be made effective no later than the first full pay period after receipt of the form. In Item 13, enter the date on which the participant may resume contributing to the TSP if the participant completed Section III.

In Item 15, enter the receipt date. This date that a properly completed form is received by the agency employing office; if the form has not been properly completed, it should be returned to the employee.

ATLANTA, GA





# Designation of Beneficiary

Form Approved  
OMB No. 3206-0136

## Federal Employees' Group Life Insurance Program

### Warning

Read instructions on back of  
duplicate before filling in this form

**Information Concerning The Insured:** If you have not assigned your insurance, YOU are "the Insured", as used throughout this form.

Name of Insured (Last, first, middle) <u>Hodoh, Ofa, B.</u>	Date of birth of Insured (Month, day, year) <u>(b) (6)</u>	Social Security number of Insured <u>(b) (6)</u>
The Insured is: <input checked="" type="checkbox"/> An employee <input type="checkbox"/> Retired or an applicant for retirement <input type="checkbox"/> Receiving OWCP benefits or an applicant for OWCP benefits		
If the Insured is retired or receiving Federal Employees' Compensation, give "CSA", "CSI", or OWCP claim number.		

Department or agency in which the Insured is presently employed (If retired, former department or agency):		
Department or agency <u>U.S. Environmental Protection Agency</u>	Bureau <u>Air</u>	Location (City, state and ZIP code) <u>Atlanta, GA 30303</u>

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary or beneficiaries named below to receive any amount of Life Insurance and Accidental Death Insurance due and payable at the Insured's death.

I understand that this Designation of Beneficiary, if valid, will remain in full force and effect, unless or until canceled by me in writing, or until such time as it is automatically canceled (see back of Part 2). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

I understand that if I have previously validly assigned my insurance, any designation completed by me is not valid and has no force and effect.

**Information Concerning The Beneficiary or Beneficiaries:** (See examples of designations on reverse side):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP code) of each beneficiary	Relationship	Percent or fraction to be paid to each beneficiary
<u>(b) (6)</u>			

### Statement of Insured or Assignee

Print or type your name and address (including ZIP code) <u>(b) (6)</u>	Please check: <input checked="" type="checkbox"/> I have <input type="checkbox"/> I have not <input type="checkbox"/> elected Living Benefits.	Check only one: I am: <input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee	Please check: <input checked="" type="checkbox"/> I have not assigned my insurance. <input type="checkbox"/> I have signed this form in the presence of the two witnesses who have signed below. <input type="checkbox"/> Neither witness is named as a beneficiary. <input type="checkbox"/> If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. (Dollar amounts are not acceptable.)
--	---	---	---

For each type of insurance (Basic Life, Option A-Standard, and Option B-Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the survivor.

(2) I understand that if none of the designated beneficiaries is living at the time of the Insured's death, the proceeds will be distributed under the order of precedence, or, if the insurance has been assigned, to the assignee(s).

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary(ies).

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <u>[Signature]</u>	Date of execution (Month, day, year) <u>05 22 2002</u>
--	---

**Witnesses To Signature** (A witness is not eligible to receive payment as a beneficiary):

Signature of witness <u>Charmita Taylor</u>	Number and street <u>601 Forsyth St.</u>	City, state and ZIP code <u>Atlanta, Ga 30303</u>
Signature of witness <u>Gloria B. Sales</u>	Number and street <u>601 Forsyth St. SW</u>	City, state and ZIP code <u>atl. Ga 30303</u>
Receiving agency <u>US EPA</u>	Date of receipt <u>05/22/02</u>	Signature of authorized agency official <u>Charmita Taylor</u>
		Title <u>Personnel</u>

See back of Part 2 for instructions on where to file this form. Do not file with the Office of Federal Employees' Group Life Insurance.





Designation of Beneficiary  
Federal Employees' Retirement System

Form Approved  
OMB No. 3206-0173

Important

Read all instructions before  
filling in this form

**A. Identification**

Name (Last, first, middle) <i>Hodoh, Ofia B.</i>		Date of birth (Month, day, year) <i>(b) (6)</i>		Social Security Number <i>(b) (6)</i>	
Place an "X" in the appropriate box:	<input checked="" type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Former employee eligible for retirement in the future		If you are retired give your claim number
	Department or agency in which presently employed (or former department or agency):				
Department or agency <i>Environmental Protection Agency</i>		Bureau	Division <i>Air</i>	Location (City, state and ZIP code) <i>Atlanta, GA 30303-8960</i>	

I, the individual identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees' Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

**B. Information Concerning The Beneficiaries (See Examples of Designations):**

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
<i>(b) (6)</i>			
Date of designation (Mo., day, yr.) <i>05-20-02</i>	Your signature <i>Of Hodoh</i>		Total = 100%

**C. Witnesses (A witness is not eligible to receive payment as a beneficiary):**

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
<i>(b) (6)</i>		

**Receiving agency certification**

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries:

Date Received <i>05/20/02</i>	Signature <i>Charmita Taylor</i>	Date <i>05/20/02</i>
Type or print your return address to insure return of copy		

See Back of Employee Copy For Instructions On Where To File This Form. (Retain until employee leaves Federal service and then send to OPM)

*(b) (6)*





## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>HODD, OFIA B.</b>	2. Social Security Number <b>(b) (6)</b>	3. Date of Birth <b>05-19-02</b>	4. Effective Date <b>05-19-02</b>
---	---	-------------------------------------	--------------------------------------

<b>FIRST ACTION</b>		<b>SECOND ACTION</b>	
5-A. Code <b>101</b>	5-B. Nature of Action <b>CAREER-COND APPT</b>	6-A. Code <b>BWA</b>	6-B. Nature of Action <b>OPM DELEGATION AGR # EPA01,CER</b>
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number					
						<b>0023596 LIFE SCIENTIST</b>					
8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay	
0.00				0.00		63369.00		6172.00		69541.00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					
						<b>90465600 EPA, REGION 4 ATLANTA, AIR, PESTICIDES &amp; TOXICS MGMT DIVISION, AIR TOXICS &amp; MONITORING BRANCH, AIR TOXICS ASSESSMENT &amp; IMPLEMENTATION SEC ATLANTA, GEORGIA</b>					

<b>EMPLOYEE DATA</b>				<b>24. Tenure</b>				<b>25. Agency Use</b>		<b>26. Veterans Preference for RIF</b>	
<b>(b) (6)</b>				0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				8		<b>(b) (6)</b>	
<b>27. FEGLI</b>				<b>28. Annuitant Indicator</b>				<b>29. Pay Rate Determinant</b>			
<b>(b) (6)</b>				9 NOT APPLICABLE				0			
<b>30. Retirement Plan</b>				<b>31. Service Comp. Date (Leave)</b>				<b>32. Work Schedule</b>			
<b>(b) (6)</b>				<b>(b) (6)</b>				F FULL TIME			
<b>33. Part-Time Hours Per Biweekly Pay Period</b>				<b>34. Position Occupied</b>				<b>35. FLSA Category</b>			
00				1 - Competitive Service 2 - Excepted Service				E - Exempt N - Nonexempt			
<b>36. Appropriation Code</b>				<b>37. Bargaining Unit Status</b>							
8145				7777							
<b>38. Duty Station Code</b>				<b>39. Duty Station (City - County - State or Overseas Location)</b>							
13-0280-121				ATLANTA, GEORGIA							
<b>40. AGENCY DATA</b>				<b>41.</b>				<b>42.</b>			
100				05-19-02				BWA			
<b>43.</b>				<b>44.</b>							
05-19-02				U 05-19-02				A			
<b>45. Remarks</b>											

APPOINTMENT IS SUBJECT TO COMPLETION OF ONE YEAR INITIAL PROBATIONARY PERIOD BEGINNING 05-19-02 .  
SERVICE COUNTING TOWARD CAREER TENURE FROM 05-19-02 .  
APPOINTMENT AFFIDAVIT EXECUTED 05-20-02.  
CREDITABLE MILITARY SERVICE: **(b) (6)**  
PREVIOUS RETIREMENT COVERAGE: NEVER COVERED  
FROZEN SERVICE: 00,00  
SELECTED FROM REG 4-DE-2002-0026 DATED 04-02-02  
SUPERIOR QUALIFICATIONS APPOINTMENT MADE UNDER REG 531.203(B).

46. Employing Department or Agency <b>ENVIRONMENTAL PROTECTION AGENCY</b>			50. Signature/Authentication and Title of Approving Official <b>Lynn Dumas</b> <b>PERSONNEL MGMT SPECIALIST</b>		
47. Agency Code <b>EP 00</b>	48. Personnel Office ID <b>3257</b>	49. Approval Date <b>04-25-02</b>			



# APPOINTMENT AFFIDAVITS

Life Scientist

(Position to which appointed)

05-19-02

(Date of appointment)

EPA

(Department or agency)

Air Division

(Bureau or Division)

Atlanta, Georgia

(Place of employment)

I, Ofia Hodoh, do solemnly swear (or affirm) that—

## A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

## B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

## C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Ofia Hodoh  
(Signature of appointee)

Subscribed and sworn (or affirmed) before me this 20<sup>th</sup> day of May, 19200<sup>2</sup>,

at Atlanta

(City)

Georgia

(State)

[SEAL]

Delphine D. Williams  
(Signature of officer)

Commission expires \_\_\_\_\_

(If by a Notary Public, the date of expiration of his/her Commission should be shown)

Personnel Management Specialist

(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.





**Life Insurance Election**  
**Federal Employees' Group Life Insurance Program**  
See Privacy Act Statement on back of Part 3

Form Approved:  
OMB No. 3206-0230

**1 General Instructions**

By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

**This election supersedes all previous elections.**

**2 Fill in identifying information concerning the employee.**

Name (Last) <i>Hodoh</i> (First) <i>Ofia</i> (Middle) <i>B.</i>	Date of birth (mm/dd/yyyy) <i>(b) (6)</i>	Social Security Number <i>(b) (6)</i>
Employing department or agency <i>Environmental Protection Agency</i>	OWCP claim number, if applicable	Location of department or agency where employee works (City, state, ZIP Code) <i>Atlanta, GA, 30303</i>
		Daytime telephone number (including area code) <i>(b) (6)</i>

**3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.**

<b>Basic</b>	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <i>[Signature]</i>	Date (mm/dd/yyyy) <i>05/24/2002</i>
--------------	--	--

**4 Optional** If you signed for Basic in Item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost. <i>(b) (6)</i>	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay <i>(b) (6)</i>	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the <i>(b) (6)</i>
Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <i>(b) (6)</i>	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <i>(b) (6)</i>	Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <i>(b) (6)</i>

Date <i>(b) (6)</i>
------------------------

**5 If you want NO life insurance coverage, sign and date below.**

<b>Waiver of all life insurance coverage</b>	I want no life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory results of a physical, or (2) I have a break in Federal service of at least 180 days, or (3) I participate in an open enrollment period, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree. Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) <i>[Signature]</i>	Date (mm/dd/yyyy) <i>(b) (6)</i>
--	---	-------------------------------------

**6 Agency Remarks:**  
Use

Name and address of employing office <i>Environmental Protection Agency 61 Forsyth Street S.W. Atlanta, Georgia 30303</i>	Date received in employing office (mm/dd/yyyy) <i>05-24-02</i>	Effective date of coverage (mm/dd/yyyy) <i>05-19-02</i>
I followed the instructions on the back of Part 1. Signature of authorized agency official <i>Alexandra Bryant</i>		

The employee's copy of this form, when completed by the employing office, together with the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees) constitute the employee's Certificate of Insurance.

PART 1 - File in Official Personnel Folder



# Instructions for Agencies

## 1. Who Should File This Form

- New employees eligible for life insurance.
- Employees appointed to positions that allow life insurance coverage following service in positions that did not allow life insurance coverage.
- Employees who want to change their insurance.
- Reinstated employees who filed a previous waiver of any type of life insurance and who were separated from service for at least 180 days.

Give a new employee a copy of the FEGLI booklet (RI 76-21 or RI 76-20 for Postal Service employees), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period), but no later than 31 days after his or her appointment.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or waiver of coverage may still be in effect. Do not accept a new SF 2817 unless the employee has a break in Federal service of at least 180 days or is eligible to cancel a previous waiver that has been in effect for at least one year or wishes to reduce coverage.

Until you verify an employee's SF 2817 on file, make deductions based on his or her statement about earlier insurance coverage in the employee's *Declaration for Federal Employment*, OF 306, if completed.

An employee may at any time file an SF 2817 to waive or reduce coverage, unless the employee has assigned his/her insurance coverage. If the employee has assigned the insurance, only the assignee(s) may waive or reduce the coverage (except for Option C which cannot be assigned).

An employee may elect or increase Basic, Option A, or Option B insurance (but not Option C), if a signed waiver has been in effect for more than one year, by submitting a *Request for Insurance*, SF 2822. If approved, ask the employee to submit an SF 2817 showing his or her election. More details are contained on the SF 2822.

An employee who is already enrolled in Basic may elect Option B and/or Option C within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child. Exception: Acquiring a foster child does not count as a life event for Option B purposes.

- For Option B, the number of multiples he or she may elect (up to 5 total) is limited to the following: (a) for marriage or acquisition of a child, the number of additional family members; (b) for divorce or death of spouse, the total number of the employee's dependent children.
- For Option C, he or she may elect from 1 to 5 multiples (up to 5 total) no matter how many family members he/she has or acquires with the event.

An employee who is already enrolled in Option B and/or Option C for at least one multiple may change to a higher multiple within 60 days following marriage, divorce, spouse's death, or the acquisition of an eligible child as listed above.

## 2. Review of Completed Form

Review the original and both copies of the SF 2817 to see that they are legible and complete. If an employee signs the box for Option A, Option B, or Option C, he or she must also sign item 3, Basic.

Only the employee may sign this form in items 3, 4, or 5, with one exception (noted below). Signatures by guardians, conservators, or through a power of attorney are not acceptable.

Exception: If the employee assigned his or her insurance, only the assignee(s) may *waive* some or all of the employee's coverage. In that case, the assignee(s) must sign the form (although the information in Section 2 must refer to the employee). Please note that assignees cannot *increase* the employee's coverage. Only the employee can do that.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, he or she is solely responsible for ensuring that the SF 2817 accurately reflects his or her intentions.

## 3. Completion of Form

The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form in item 6.

## 4. Date Received

Enter the date the employing office received this form.

## 5. Number of Event Permitting Change

Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.

## 6. Effective Date of Coverage

Enter the effective date of coverage. For new and newly eligible employees: Basic is effective on the first day the employee is at work in a pay status; Optional coverage is effective on the first day the employee is at work in a pay status on or after the day the employing office receives the SF 2817. For changes in elections, see the Table of Effective Dates on the back of Part 2. If the employee elected more than one type of coverage and there is more than one effective date, write in both dates and provide details in the Remarks section.

## 7. Disposition of SF 2817

After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.

## 8. Further Information

For further information, consult the FEGLI Handbook (RI 76-26) or the FEGLI Booklet (RI 76-21 or RI 76-20 for Postal Service employees), which are available on the FEGLI web site at [www.opm.gov/insure/life](http://www.opm.gov/insure/life).





# Declaration for Federal Employment

Form Approved:  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775  
50306-101

## GENERAL INFORMATION

**1 FULL NAME**

▶ Otia B. Hodoh

**2 SOCIAL SECURITY NUMBER**

▶ (b) (6)

**3 PLACE OF BIRTH (Include City and State or Country)**

▶ (b) (6)

**4 DATE OF BIRTH (MM/DD/YY)**

▶ (b) (6)

**5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)**

▶ N/A

**6 PHONE NUMBERS (Include Area Codes)**

(b) (6)

DAY

NIGHT

## MILITARY SERVICE

**7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".**

Yes No

(b) (6)

If you answered "YES",  
list the branch, dates  
(MM/DD/YY), and type  
of discharge for all active  
duty military service.

(b) (6)

## BACKGROUND INFORMATION

**For all questions**, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

**For questions 8, 9, and 10**, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

**8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.**

Yes No

(b) (6)

**9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.**

**10 Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.**

**11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.**

**12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.**

## ADDITIONAL QUESTIONS

**13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.**

**14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?**



PRINTED ON RECYCLED



## CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

(b) (6)

### CERTIFICATIONS / ADDITIONAL QUESTION

**APPLICANT:** If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**APPOINTEE:** If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

**16** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a** Applicant's Signature ►  
(Sign in ink)

*Officer Arnold*

Date ► 4-26-02

**16b** Appointee's Signature ►  
(Sign in ink)

*Officer Haddad*

Date ► 4-26-02

APPOINTING OFFICER: Enter Date of Appointment or Conversion

**17** Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

**17a** When did you leave your last Federal job? .....

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? .....

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. ....

Date (MM/DD/YY)		
Yes	No	Don't Know
(b) (6)		

Optional For





# Environmental Protection Agency

## All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

---

### Resume

Ofia B. Hodoh

(b) (6)

1999 - Present

Senior Scientist

Westinghouse Savannah River Company

Building 730-2B,

Room 2178

Aiken, SC 29808

Supervisor: Barbara Hamm (803) 952 - 4895

40 hrs/week

(b) (6)

I am currently a Human Health Risk Assessor in the Site Geotechnical Services organization at the Savannah River Site. I serve as the human health risk assessor for the General Separations Area Project team for the CERCLA/RCRA waste units by performing risk analysis in support of regulatory action (rule-making), development of risk assessment guidance and new risk assessment procedures and techniques, and development of risk-based cleanup goals and standards.

I am the project team representative for human exposure and risk assessment issues while conferring with EPA, DOE and SCDEHC regulators, and the Savannah River Site stakeholders.

I developed a standard protocol that comprises all of the SRS human health exposure scenarios, pathways, parameters and intake calculations for departmental and subcontractor usage.

1992 - 1999

Senior Scientist

Westinghouse Savannah River Company

Building 730-2B, Room 2178

---

QuickHire®: The Way to People. 1999. All Rights Reserved.

Date: 3/27/02

Page: 7





# Environmental Protection Agency

## All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

---

Aiken, SC 29808

I served as the departmental Chemical Coordinator and Chemical Hazards Communicator for the Environmental Science & Technology group which encompassed five different laboratories (Ecological, Geosciences, Biochemical, Microbiological and Analytical). I performed methods development and validation for chemical determination of environmental samples and legacy waste issues; data analysis and documentation (R&D and Analytical Study Plans); quality assurance/control (QA Task Plans) and report writing (compilation and statistical analysis of data, interpretation of data trends, distributions and concentrations of chemicals).

I developed and managed a chemical database to track hazardous chemicals and increase the efficiency of the SARA Tier II chemical inventories.

I developed the analytical method for biocide identification in the wash solutions of the hazardous waste tanks.

I initiated a sample tracking system in the radioactive shielded cells facility which led to the reduction of legacy waste storage.

I initiated a laboratory waste analysis plan to reduce the costs of non-hazardous waste disposal. This initiative led to a cost savings of thousands of dollars for the department.

1989 - 1992

Chemist

Wisconsin Occupational Health Lab

979 Jonathan Drive

Madison, WI 53713

I provided routine chemical analysis of various industrial hygiene samples utilizing HPLC/GC instrumentation. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

I developed analytical methods for pesticides and herbicides from OSHA field monitoring samples.

I provided consultation to State regulatory agencies and private environmental consulting firms relative to the OSHA industrial hygiene-sampling

---

QuickHire®: The Way to People. 1999. All Rights Reserved.

Date: 3/27/02

Page: 8





# Environmental Protection Agency

## All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

---

program.

1988 - 1989

Lab Technician

Hazleton Labs

3301 Kinsman Boulevard

Madison, WI 53707

I was the investigator for research projects in food and environmental chemical analysis. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

1987 - 1988

Lab Technician

CIBA Vision Care

2910 Amwiler Court

Atlanta, GA 30360

I was the investigator for research projects in contact lens material utilizing UV/VIS spectroscopy, FTIR and GPC analysis. I performed methods development and validation; data analysis and documentation; quality assurance/control and report writing.

### Education

1999 - present,

M.S. Candidate, Interdisciplinary Toxicology, University of Georgia, Athens, Georgia (27 hours)

Thesis: Human Health Risk Assessment of a Golf Course Using a Point Estimate vs. Probabilistic Approach.

1987

B.S. in Chemistry, Spelman College, Atlanta, Georgia, (126 hours).

1982,

High School diploma, Buchtel High School, Akron, Ohio

### Professional Societies

Society of Toxicology (Student Member), Society of Environmental Toxicology and

---

QuickHire®: The Way to People. 1999. All Rights Reserved.

Date: 3/27/02

Page: 9







# Environmental Protection Agency

## All Applicant Data Report

Name: OFIA B HODOH

Serial Number: SA-EPA-0001

Vacancy Number: Reg 4-DE-2002-0026

Vacancy Description: Life Scientist, GS-401-13

---

Chemistry (Student Member)

### Job-Related Training

Federal Facility Agreement Training, Biochemical Terrorism: First Strike-First Response, Radioactive Source Control Training, Hazardous Communication, Hazardous Materials (HAZMAT), Environmental Radiochemistry, Environmental Laws and Regulations

### Job-Related Skills

Radiation Worker Certification, MS Word, MS Excel, ArcView GIS, Crystal Ball, SAS

### Awards & Honors

2001 Society of Toxicology Best Graduate Student Award in Food Toxicology  
2002 Westinghouse Top Performer Bonus Recipient

### Presentations & Public Published Abstracts

Hodoh, O.B., Smith, M.A., and T.W. Simon. (2002). Risk Assessment of a Military Golf Course Slated for Closure. Poster presented at the 2002 Society of Toxicology annual meeting.

Hodoh, O.B., Dyer, S.A., Brisbin, I.B., and M.A. Smith. (2001). Health Risks to Recreational Hunters Consuming Radiocesium Contaminated Deer and Hogs from the U.S. Department of Energy's Savannah River Site. Poster presented at the 2001 Society of Toxicology annual meeting.

Bibler, N.E., Ray, J.W., Fellingner, T.L., Hodoh, O.B., Beck, R.S. and O.G. Lien. (1998). Characterization of the Radioactive Glass Currently Being Produced by the Defense Waste Processing Facility at the Savannah River Site. Presented at Waste Management & 1998 Symposium and published in the proceedings, CD-ROM Session 14 (1998).

### References

Available upon request

